



# AHCCCS Health Insurance



August 2005  
Division of Member Services

This publication is available on the Internet

<http://www.azahcccs.gov/Publications/Brochures/AHCCCSHealthInsuranceBrochure.pdf>





***Our first care is your health care***  
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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August 1, 2005

This booklet provides a brief overview of the Arizona Health Care Cost Containment System (AHCCCS), the Medicaid agency in Arizona. AHCCCS is responsible for providing health insurance to low-income Arizonans. The information in this booklet is related to:

- Funding sources
- Funding amounts
- Characteristics of the Medicaid population
- General eligibility requirements for the various AHCCCS health insurance programs as of April 1, 2005
- The managed care model
- Covered services
- Listing of the agencies that determine eligibility for AHCCCS health insurance separated by program
- General enrollment numbers by program and/or target group
- Specific eligibility requirements for each health insurance program and,
- A brief narrative description of each of the major health insurance programs offered by AHCCCS

The section on the specific eligibility requirements is separated into insurance “coverage groups”:

- Family coverage
- Coverage for children
- Coverage for individual adults under age 65 and neither blind nor disabled
- Coverage for aged (age 65 or over) blind or disabled adults
- Coverage for women only
- Medicare cost sharing (Medicare Savings Programs)
- Partial coverage (all AHCCCS services are not covered)

This information is intended to provide sufficient information to facilitate referrals to the appropriate eligibility agencies to apply for one or more of the AHCCCS health insurance programs.

Diane Ross  
Assistant Director  
Division of Member Services

General Information: From area codes 480, 602 and 623: (602)417-4000 – Elsewhere in Arizona 1-800-654-8713  
KidsCare: From area codes 480, 602 and 623: (602)417-5437 – Elsewhere in Arizona 1-877-764-5437  
SSI-MAO: From area codes 480, 602 and 623: (602)417-5010 – Elsewhere in Arizona 1-800-528-0142  
DES: From area codes 480, 602 and 623: (602)542-9935 – Elsewhere in Arizona 1-800-342-8401

# AHCCCS Acronyms

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AFC - AHCCCS for Families & Children (was TANF/MAO)

(Section 1931 of the Social Security Act)

AHCCCS - Arizona Health Care Cost Containment System

ALTCS - Arizona Long Term Care System

AS - Adoption Subsidy

BCCTP - Breast and Cervical Cancer Treatment Program

DES - Department of Economic Security

FC - Foster Care

FES - Federal Emergency Services

FPL - Federal Poverty Level (Amounts Change Annually)

FPS - Family Planning Services

FTW - Freedom to (Work Ticket to Work)

HCG - Health Care Group (Health Insurance for Small Businesses)

HIFA - Health Insurance Flexibility and Accountability Act

KC - KidsCare

MAO - Medical Assistance Only

MCS - Medicare Cost Sharing

QI - Qualified Individuals

QMB - Qualified Medicare Beneficiary

SLMB - Specified Low Income Medicare Beneficiary

MED - Medical Expense Deduction Program

Newborns - Babies born to AHCCCS eligible mothers

SCHIP - State Children's Health Insurance Program (KidsCare)

SOBRA - Sixth Omnibus Budget Reconciliation Act

SSA - Social Security Administration

SSI - Supplemental Security Income

SSN - Social Security Number

YATI - Young Adults Transitional Insurance

## Program Funding

- Federally Funded Programs**

Medicaid = Title XIX

Mandatory Groups

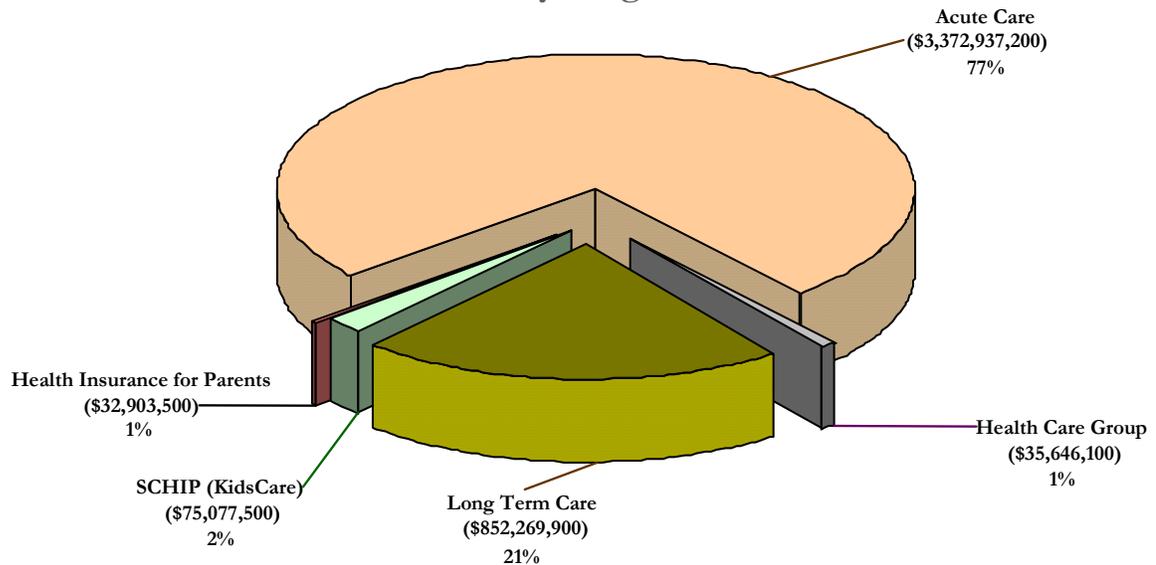
Optional Groups

SCHIP = Title XXI

KidsCare in Arizona



## FY 2005 Program Expenditures by Program

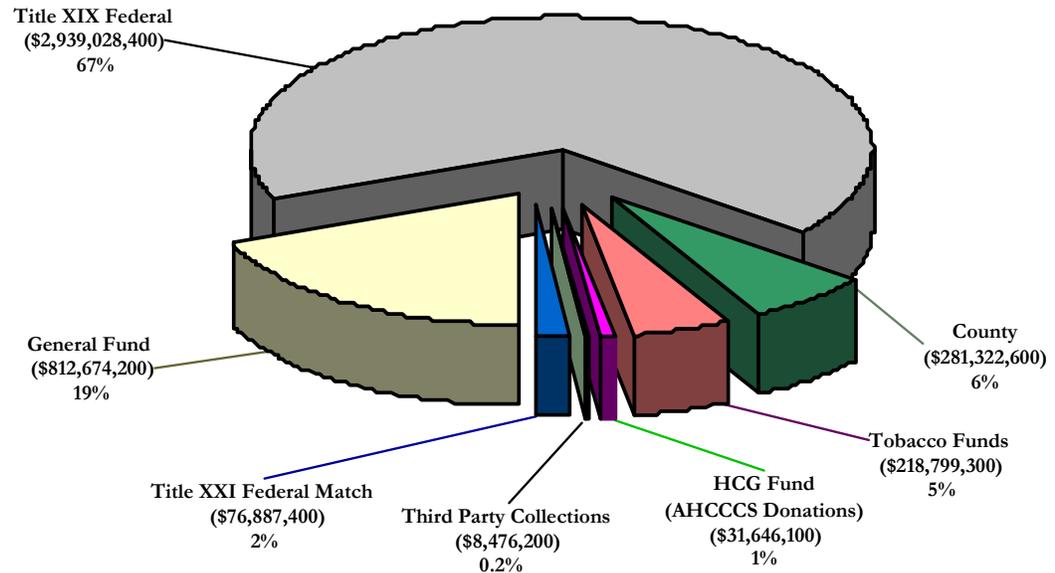


<sup>2</sup> Does not include the expenditures for the Long Term Care population with developmental disabilities.



AHCCCS

## FY 2005 Program Expenditures By Funding Source



AHCCCS

## Characteristics of the Medicaid Population

- Child Under 19 or Parent of Minor Child
- Pregnant
- 65 Years of Age or Older
- Disabled
- Blind
- AHCCCS Waiver Population:  
Others who do not qualify under the above



## AHCCCS Services

- Doctor office visits
- Specialist care, if necessary
- Hospital services
- Pregnancy care
- Prescriptions & medical supplies
- Laboratory & X-ray services
- 24 hour emergency medical care
- Family planning services, but not abortion or abortion counseling
- Complete physical exams
- Shots
- Hearing tests & hearing aids
- Behavioral health services
- Emergency Medical Transportation



## ALTCS Services

All services listed above, plus:

- Institutional Care
  - Nursing facility
  - Intermediate care facility for the mentally retarded
- Hospice
- Acute Medical Care Services
- Behavioral Health Services
- Home and Community Based Services
  - Home health nurse
  - Home health aide
  - Homemaker
  - Personal care
  - Respite care
  - Attendant care
  - Transportation
  - Adult day health
  - Home delivered meals
  - Developmentally disabled day care
  - Habilitation

## Requirements

### General Requirements

- Arizona Resident
- Citizen or Qualified Immigrant
- Income Limit
- Provide or Apply for SSN  
(some exceptions)
- Assignment of Third Party Coverage

### Specific Requirements

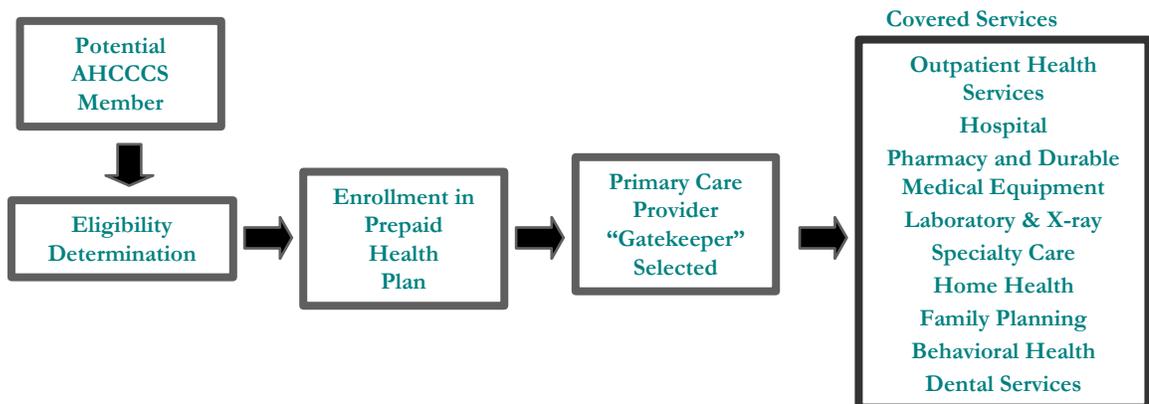
(do not apply to all programs)

- Resource Limits
- Transfer of Resources
- Disability
- Age
  - children under 19
  - adults 65 and older
- Uninsured  
(KidsCare and Health Insurance for Parents only)  
Not covered by Medicare, Medicaid,  
VA medical care or other health insurance

## AHCCCS Managed Care

The AHCCCS acute care and KidsCare programs are a statewide, managed care system which delivers acute care services through 11 prepaid, capitated health plans, plus Indian Health Service.

### Acute Care Prepaid Model





## What Does AHCCCS Health Insurance Cost?

### Premiums

Most people do not have to pay a monthly premium for AHCCCS Health Insurance. Some people with income too high to qualify for AHCCCS Health Insurance with no monthly premium may be able to get it by paying a monthly premium.

A premium is required for three of the AHCCCS Health Insurance Programs- KidsCare, Health Insurance for Parents, and Freedom to Work for employed people with disabilities. As of July 1, 2004, the premium amounts are:

\$10 - \$35 per household for all children covered under KidsCare

\$15 - \$25 per parent covered under Health Insurance for Parents

\$10 - \$35 per person covered under Freedom to Work

Note: Premium amounts may change

If premium must be paid, AHCCCS will send the individual a letter giving the premium amount and due date.



## What Does AHCCCS Health Insurance Cost?

### Enrollment fees

- An enrollment fee is an amount that must be paid before coverage can begin. Only parents found eligible under Health Insurance for Parents are required to pay an enrollment fee. The enrollment fee is equal to one month's premium. As long as a person remains covered under Health Insurance for Parents no additional enrollment fee is due.

### Co-Payments

- A co-payment is the amount an individual pays to a provider when a medical service is received. A provider may not deny service because of a member's inability to pay a co-payment.
- The only co-payments are \$1 for a physician's office visit and \$5 for non-emergency use of the emergency room. Children, pregnant women, seriously mentally ill individuals, and Native Americans enrolled with IHS are exempted from co-payments.



## How Does an AHCCCS Health Plan Work

An AHCCCS health plan is like a Health Maintenance Organization (HMO)

The health plan works with health care providers (doctors, hospitals, pharmacies, etc.) to provide all AHCCCS covered services.

The health plan will send a member handbook when a person is enrolled.

The phone number for member or customer services can be found in the Member Handbook and on the AHCCCS ID Card

A person can call the health plan with questions about benefits or services or to request interpreter services or an accommodation for a disability .



## Choosing an AHCCCS Health Plan

All AHCCCS Health Plans provide all AHCCCS Services

- The person needs to choose a health plan that serves their county
- A Native American who can receive services from IHS may choose IHS or an AHCCCS Health Plan.
- If the person does not choose a health plan when applying, one will be assigned for them
- A person who has been enrolled in an AHCCCS health plan within the past 90 days, will be enrolled with their previous health plan if it is available..
- A person who is approved for emergency services only or Medicare Cost Sharing only will not be enrolled in an AHCCCS Health Plan.



## Primary Doctors and Specialists

The person must choose a primary doctor or one will be assigned.

The health plan sends new enrollees a list of available primary doctors.

The primary doctor will:

- Take care of the person's health care
- Be responsible for authorizing needed non-emergency medical services
- Refer the person to a specialist when needed

The person may change primary doctors by calling their Health Plan's member service or customer service department.

### Behavior Health Services

An AHCCCS eligible person can get behavior health services by:

- Going through their primary doctor, or
- Calling the behavioral health telephone number on their AHCCCS ID card



## AHCCCS Health Plans

July 1, 2005

### *APACHE*

Health Choice  
Arizona Physicians, IPA

### *COCHISE*

Mercy Care Plan  
Arizona Physicians, IPA

### *COCONINO\**

Health Choice  
Arizona Physicians, IPA

### *GILA\**

Health Choice  
PHP/Community Connection

### *GRAHAM\**

Mercy Care Plan  
Arizona Physicians, IPA

### *GREENLEE*

Mercy Care Plan  
Arizona Physicians, IPA

### *LA PAZ*

Mercy Care Plan  
Arizona Physicians, IPA

### *MARICOPA*

Arizona Physicians, IPA  
PHP/Community Connection  
Care 1st  
Health Choice Arizona  
Maricopa Health Plan  
Mercy Care Plan

### *MOHAVE\**

Health Choice  
Arizona Physicians, IPA

### *NAVAJO*

Health Choice  
Arizona Physicians, IPA

### *PIMA\**

Health Choice Arizona  
Pima Health System  
Arizona Physicians, IPA  
Mercy Care Plan  
University Family Care  
for current enrollees  
and re-enrollment only

### *PINAL\**

PHP/Community Connection  
Health Choice

### *SANTA CRUZ*

Pima Health  
Arizona Physicians, IPA

### *YAVAPAI\**

Mercy Care Plan  
Arizona Physicians, IPA

### *YUMA*

Mercy Care Plan  
Arizona Physicians, IPA

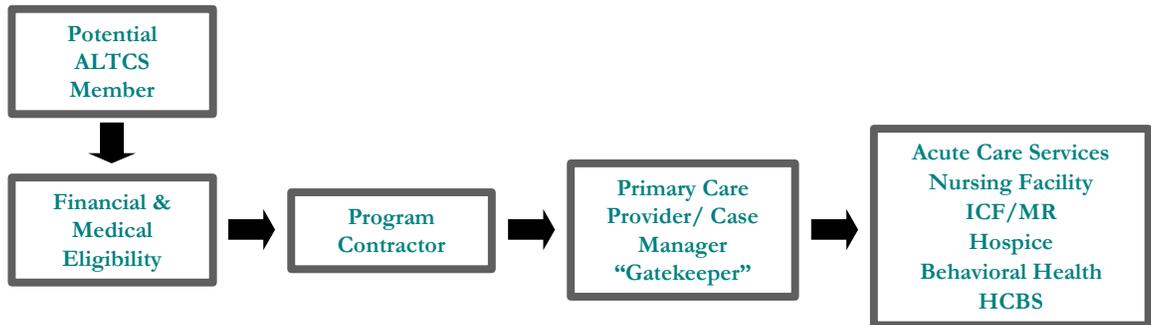
\*Split ZIPS are attached to other counties: 85220, 85342, 85353 and 85390 to Maricopa; 85292 to Gila; 85643 to Cochise, 85645 to Santa Cruz, 86336, 86340 and 86434 to Yavapai; and 86351 to Coconino.



## Arizona Long Term Care System (ALTCS) Managed Care

The ALTCS program is a statewide, managed care system which delivers both acute and long term care services through 8 prepaid, capitated program contractors, plus Native American Tribes or Associations.

### Long Term Care Prepaid Model



## ALTCS Program Contractors

July 1, 2005

<b><i>APACHE</i></b> Evercare Select	<b><i>GREENLEE</i></b> Cochise Health Systems	<b><i>PIMA</i></b> Pima Long Term Care
<b><i>COCHISE</i></b> Cochise Health Systems	<b><i>LA PAZ</i></b> Evercare Select	<b><i>PINAL</i></b> Pinal/Gila Long Term Care
<b><i>COCONINO</i></b> Evercare Select	<b><i>MARICOPA</i></b> Evercare Select Mercy Care Plan Maricopa LTC Plan (ends 9/30/2005)	<b><i>SANTA CRUZ</i></b> Pima Long Term Care
<b><i>GILA</i></b> Pinal/Gila Long Term Care	<b><i>MOHAVE</i></b> Evercare Select	<b><i>YAVAPAI</i></b> Yavapai County LTC
<b><i>GRAHAM</i></b> Cochise Health Systems	<b><i>NAVAJO</i></b> Evercare Select	<b><i>YUMA</i></b> Evercare Select

\*Native Americans living on Reservation are enrolled with a Tribal Program Contractor or with Native American Community Health Center. Developmentally Disabled individuals are enrolled with the Department of Economic Security, Division of Developmental disabilities.



## Who Decides Eligibility?

Social Security Administration(SSA)

SSI Cash (Title XVI): In Arizona, SSI Cash recipients are automatically eligible for AHCCCS Health Insurance

Arizona Department of Economic Security (DES)

AFC: AHCCCS for Families and Children  
(Section 1931 of the Social Security Act)

SOBRA: Pregnant women & children  
AHCCCS Care (non spend down)

MED: Medical Expense Deduction Program (spend down)

FES: Federal Emergency Services (Pregnant women, families & children)

AHCCCS Administration

KidsCare: State Children's Health Insurance Program

HIFA: Parents of KidsCare and SOBRA children

ALTCS: Arizona Long Term Care System

MAO: Medical Assistance Only programs

(Eligibility based on SSI eligibility criteria)

MCS: Medicare Cost Sharing Programs

(AHCCCS pays Medicare premiums and/or deductibles and co-pays)

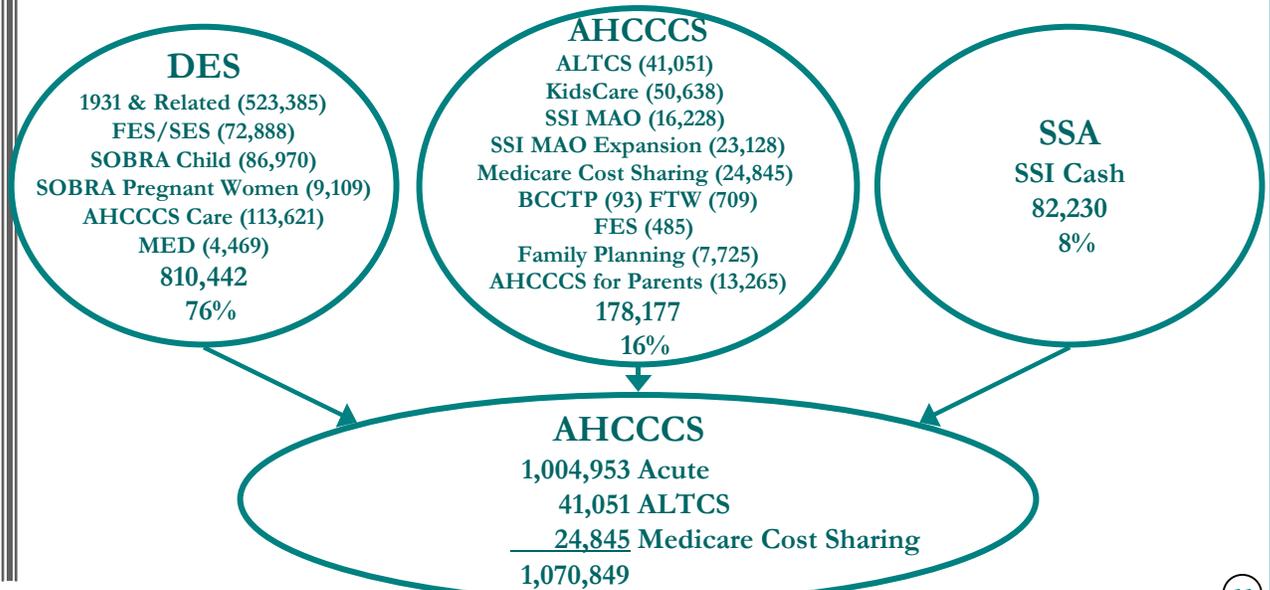
FES : Federal Emergency Services (disabled, blind or 65 & older)

BCCTP: Breast & Cervical Cancer Treatment Program

FTW: Freedom to Work



## AHCCCS Health Insurance Population Separated by Agency Administering the Eligibility Process July 1, 2005

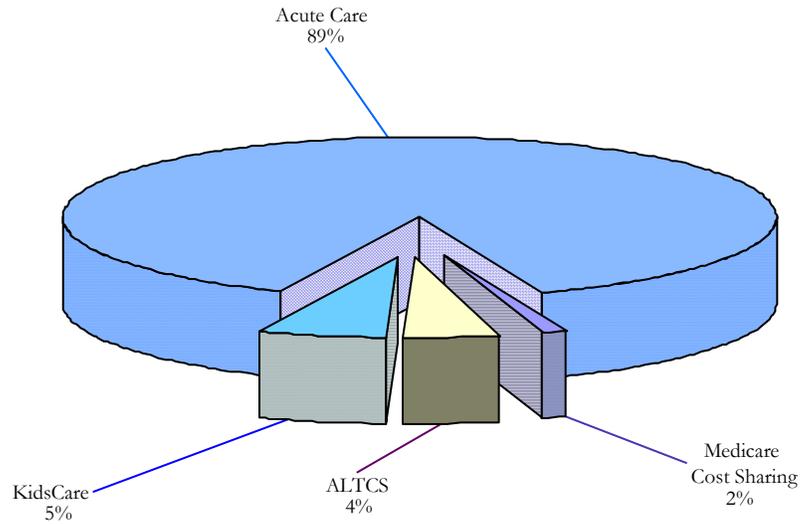




AHCCCS

## Total AHCCCS Enrollment

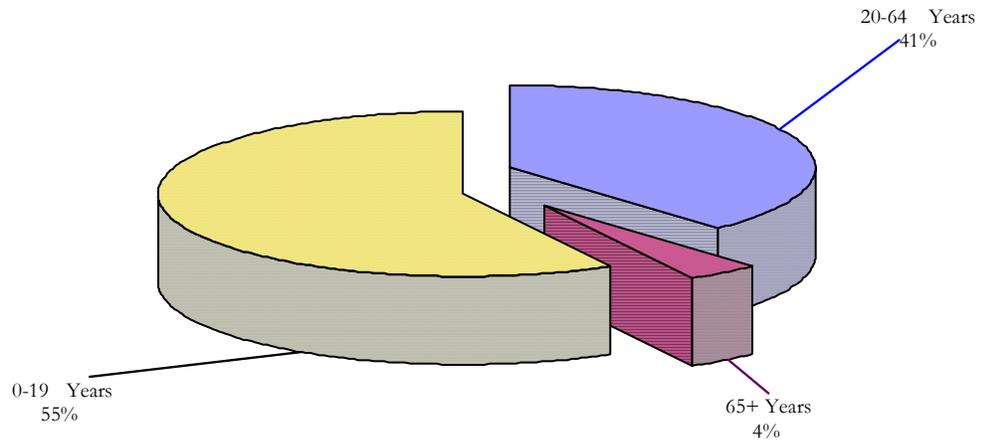
July 1, 2005



AHCCCS

## Medicaid Acute Enrollment by Age

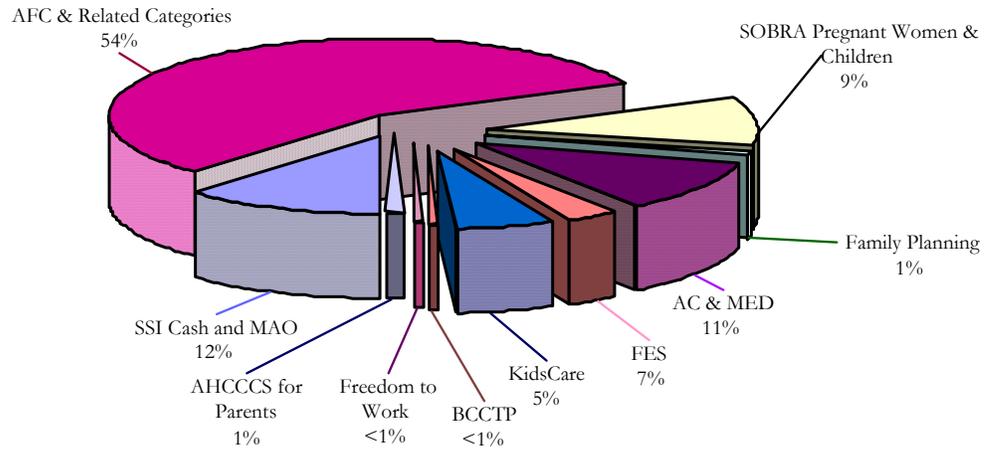
July 1, 2005





## Medicaid Acute Enrollment by Group

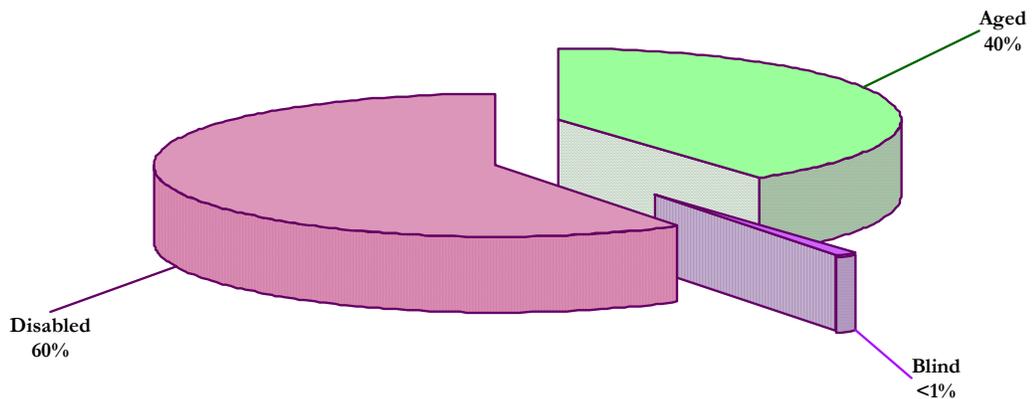
July 1, 2005



## ALTCS Population

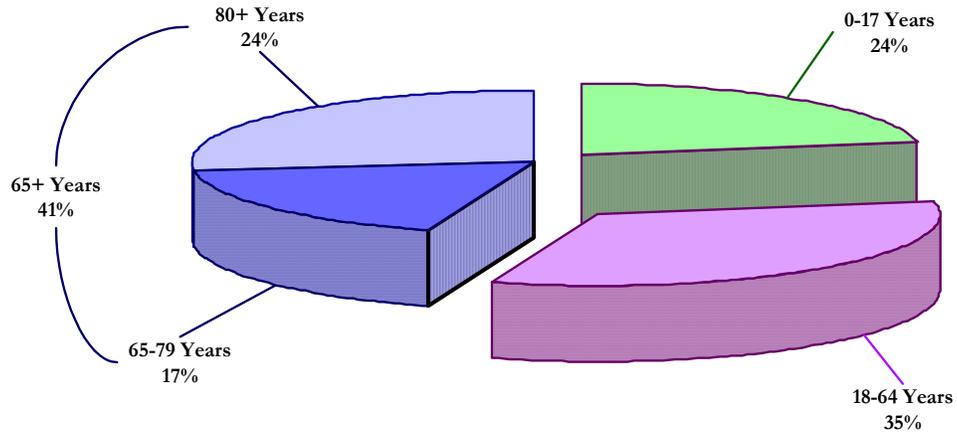
July 1, 2005

41,051 Members



## ALTCS Enrollment by Age

July 1, 2005





## Family Coverage

- AHCCCS for Families and Children
- Medical Expense Deduction (MED – Spend down)
- Health Insurance for Parents of Children Covered by KidsCare and SOBRA



## AHCCCS for Families and Children (AFC or Section 1931)

602-542-9935  
 from area codes 480, 602 and 623  
 From the rest of Arizona 1-800-352-8401

Income (monthly)	Family Size	100% FPL*
	1	\$798
	2	\$1,070
	3	\$1,341
	4	\$ 1,613
Resources		No Limit
Citizenship & Immigrant Status		U.S. Citizen or Qualified Immigrant
Arizona Residency		Required
Social Security Number		Required
Special Requirements		Absence, Death, Disability Unemployment or Underemployment of a Parent
Eligibility Agency		DES

\* Federal Poverty Level



## Health Insurance for Parents

DES 602-542-9935, AHCCCS 602-417-5437  
 from area codes 480, 602 and 623  
 DES 1-800-352-8401, AHCCCS 1-877-764-5437  
 from the rest of Arizona

Income (monthly)	Family Size	200% FPL*
	2	\$2,139
	3	\$2,682
	4	\$3,225
Additional person		\$543
Resources		No Limit
Citizenship & Immigrant Status		U.S. Citizen or Qualified Immigrant
Arizona Residency		Required
Social Security Number		Required
Special Requirements		<ul style="list-style-type: none"> <li>• Parent of a KidsCare child or a child covered under SOBRA</li> <li>• Currently without Health Ins.</li> <li>• No health insurance within the last three months</li> <li>• Monthly premium of \$15-\$25 for each parent</li> <li>• One-time enrollment fee of \$15-\$25 for each parent (no premium or enrollment fee for Native Americans)</li> </ul>
Eligibility Agency		DES for parents of SOBRA Children AHCCCS for Parents of KidsCare children

\* Federal Poverty Level



## Medical Expense Deduction (MED - Spend down)

602-542-9935  
 from area codes 480, 602 and 623  
 From the rest of Arizona 1-800-352-8401

Income (monthly)	Family Size	More than 100% FPL*
See Special Requirements	1	More than \$798
	2	More than \$1,070
	3	More than \$1,341
	4	More than \$1,613
Resources (Includes equity in home)		\$100,000 (only \$5,000 may be liquid assets)
Citizenship & Immigrant Status		U.S. Citizen or Qualified Immigrant
Arizona Residency		Required
Social Security Number		Required
Special Requirements		Spend down income by incurring sufficient medical expenses that when deducted from income will reduce income to 40% FPL or less. <b>40% FPL (monthly)</b> Family Size 1 \$319 2 \$428 3 \$537 4 \$645
Eligibility Agency		DES

\* Federal Poverty Level



AHCCCS

## Children Only

- KidsCare
- S.O.B.R.A.
- Long Term Care (ALTCS)
- Young Adult Transitional Insurance (YATI)



AHCCCS

## KidsCare

602-417-5437 (KIDS)  
from area codes 480, 602 and 623

From the rest of Arizona: 1-877-764-5437 (KIDS)

Income (monthly)	Family Size	200% FPL*
	1	\$1,595
	2	\$2,139
	3	\$2,682
	4	\$3,225
	Additional person	\$543
Resources	No Limit	
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant	
Arizona Residency	Required	
Social Security Number	Required	
Special Requirements	<ul style="list-style-type: none"> <li>• Under Age 19</li> <li>• Currently without Health Insurance</li> <li>• Not covered by health insurance within the last 3 months</li> <li>• Pay a monthly premium of \$10-\$35 to cover all eligible children in the household (no premium for Native Americans)</li> </ul>	
Eligibility Agency	AHCCCS	

\* Federal Poverty Level



AHCCCS

## S.O.B.R.A. for Children

602-542-9935

from area codes 480, 602 and 623

From the rest of Arizona 1-800-352-8401

Income (monthly)	Family Size	140% FPL*	133% FPL*	100% FPL*
		Age Under 1	Age 1 - 5	Age 6 - 18
	1	\$798	\$1,061	\$798
	2	\$1,070	\$1,422	\$1,070
	3	\$1,341	\$1,784	\$1,341
The family includes only the child and either the parents or, if the child is a married teenager, the child's spouse.		A portion of parents' income will be deducted to allocate to other minor dependent children.		
Resources	No limit			
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant			
Arizona Residency	Required			
Social Security Number	Required			
Special Requirements	Under Age 19			
Eligibility Agency	DES			

\* Federal Poverty Level



AHCCCS

## Arizona Long Term Care System (ALTCS)

602-417-7000

from area codes 480, 602 and 623

From the rest of Arizona: 1-800-962-6690

INCOME (monthly)	300% of the SSI Cash Maximum
	\$1,737
Resources	\$2,000 Single \$3,000 Married
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant
Arizona Residency	Required
Social Security Number	Required
Special Requirements	<ul style="list-style-type: none"> <li>• Disabled or Blind</li> <li>• Must need the level of care provided in a nursing facility</li> </ul>
Eligibility Agency	AHCCCS



## Young Adult Transitional Program (YATI)

602-542-9935

from area codes 480, 602 and 623

From the rest of Arizona 1-800-352-8401

Income	No Limit
Resources	No Limit
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant
Arizona Residency	Required
Social Security Number	Required
Special Requirements	<ul style="list-style-type: none"><li>• Under Age 21</li><li>• In DES foster care on 18<sup>th</sup> birthday</li></ul>
Eligibility Agency	DES



## Coverage for Women Only

- S.O.B.R.A. for Pregnant Women
- Breast and Cervical Cancer Treatment Program (BCCTP)



## S.O.B.R.A. for Pregnant Women

602-542-9935

from area codes 480, 602 and 623

From the rest of Arizona 1-800-352-8401

Income (monthly) *	Family Size	133% FPL**
	2	\$1,422
	3	\$1,784
	4	\$2,145
<b>Resources</b>		<b>No limit</b>
<b>Citizenship &amp; Immigrant Status</b>		<b>U.S. Citizen or Qualified Immigrant</b>
<b>Arizona Residency</b>		<b>Required</b>
<b>Social Security Number</b>		<b>Required</b>
<b>Special Requirements</b>		<b>Pregnant</b>
<b>Eligibility Agency</b>		<b>AHCCCS</b>

\* The pregnant woman is counted as 2 or more, depending on the number of babies expected. The family includes only the pregnant woman and her spouse, or if the pregnant woman is under age 18, her parent or parents. A portion of parents' income will be deducted to allocate to other minor dependent children.

\*\* Federal Poverty Level



## Breast and Cervical Cancer Treatment Program (BCCTP)

602-417-5010

from area codes 480, 602 and 623

From the rest of Arizona: 1-800-528-0142

Income (monthly)	Family Size	250% FPL*
	1	\$1,994
	2	\$2,673
	3	\$3,353
	4	\$4,032
	Additional Person	\$679
<b>Resources</b>		<b>No Limit</b>
<b>Citizenship &amp; Immigrant Status</b>		<b>U.S. Citizen or Qualified Immigrant</b>
<b>Arizona Residency</b>		<b>Required</b>
<b>Social Security Number</b>		<b>Required</b>
<b>Special Requirements</b>		<ul style="list-style-type: none"> <li>• Under age 65</li> <li>• Screened through ADHS Well Woman Healthcheck or Native American Programs of the National Breast and Cervical Cancer Early Detection Program.</li> <li>• Diagnosed as needing treatment for breast or cervical cancer or pre-cancerous cervical lesions.</li> <li>• No other health insurance coverage or Medicare.</li> </ul>
<b>Eligibility Agency</b>		<b>AHCCCS</b>

\* Federal Poverty Level



AHCCCS

### Coverage for Individual Adults Under Age 65, Not Blind or Disabled

- AHCCCS Care (Non-Spend down)
- Medical Expense Deduction (MED)



AHCCCS

### AHCCCS Care (Non-Spend down)

602-542-9935  
from area codes 480, 602 and 623  
From the rest of Arizona 1-800-352-8401

Income (monthly)	Family Size	100% FPL*
	1	\$798
	2	\$1,070
	3	\$1,341
	4	\$1,613
<b>Resources</b>	<b>No Limit</b>	
<b>Citizenship &amp; Immigrant Status</b>	<b>U.S. Citizen or Qualified Immigrant</b>	
<b>Arizona Residency</b>	<b>Required</b>	
<b>Social Security Number</b>	<b>Required</b>	
<b>Special Requirements</b>	<b>None</b>	
<b>Eligibility Agency</b>	<b>DES</b>	

\*Federal Poverty Level



AHCCCS

### Medical Expense Deduction (MED - Spend down)

602-542-9935  
from area codes 480, 602 and 623  
From the rest of Arizona 1-800-352-8401

Income (monthly)	Family Size	More than 100% FPL*
See Special Requirements	1	More than \$798
	2	More than \$1,070
	3	More than \$1,341
	4	More than \$1,613
<b>Resources (Includes equity in home)</b>	<b>\$100,000 (only \$5,000 may be liquid assets)</b>	
<b>Citizenship &amp; Immigrant Status</b>	<b>U.S. Citizen or Qualified Immigrant</b>	
<b>Arizona Residency</b>	<b>Required</b>	
<b>Social Security Number</b>	<b>Required</b>	
<b>Special Requirements</b>	Spend down income by incurring sufficient medical expenses that when deducted from income will reduce income to 40% FPL or less. <b>40% FPL (monthly)</b> Family Size 1 \$319 2 \$428 3 \$537 4 \$645	
<b>Eligibility Agency</b>	<b>DES</b>	

\* Federal Poverty Level



## Coverage for Aged (age 65 or older) Blind or Disabled Adults

- Medical Assistance Only
- SSI Cash
- Long Term Care (ALTCS)
- Freedom to Work (Ticket to Work)



## Title XVI Medical Assistance Only (MAO) SSI Cash

602-417-5010  
from area codes 480, 602 and 623

From the rest of Arizona: 1-800-528-0142

Income: MAO (monthly)	Family Size	SSI-MAO 100% FPL*	SSI Cash
	1	\$798	\$579 +\$20 disregard
	2	\$1,070	\$869 +\$20 disregard
Resources MAO	No Limit		
Resources Cash	\$2000		
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant		
Arizona Residency	Required		
Social Security Number	Required		
Special Requirements	Age 65 or older or Disabled or Blind		
Eligibility Agency MAO	AHCCCS		
Eligibility Agency Cash	Social Security Administration		

\* Federal Poverty Level



## Arizona Long Term Care System (ALTCS)

602-417-7000  
from area codes 480, 602 and 623

From the rest of Arizona: 1-800-962-6690

Income (monthly)	300% of the SSI Cash Maximum \$1,737
Resources	\$2,000 Single \$3,000 Married
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant
Arizona Residency	Required
Social Security Number	Required
Special Requirements	<ul style="list-style-type: none"> <li>• Age 65 or older or Disabled or Blind</li> <li>• Must need the level of care provided in a nursing facility</li> </ul>
Eligibility Agency	AHCCCS



## AHCCCS Freedom to Work

602-417-6677  
from area codes 480, 602 and 623

From the rest of Arizona: 1-800-654-8713 – Option 6

Income	250% FPL* \$1,994
Resources	No limit
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant
Arizona Residency	Required
Social Security Number	Required
Special Requirements	<ul style="list-style-type: none"> <li>• Ineligible for services under other AHCCCS programs</li> <li>• Working</li> <li>• Age 16 – 65</li> <li>• Monthly premium from \$0 to \$35</li> </ul>
Eligibility Agency	AHCCCS

\* Federal Poverty Level. Only the applicant's earned income is counted.



AHCCCS

## Medicare Cost Sharing

Also referred to as  
Medicare Savings Programs

### Qualified Medicare Beneficiary (QMB)

- Specified Low Income Beneficiary (SLMB)
- Qualified Individual (QI)

MEDICARE HEALTH INSURANCE  
1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY  
JANE DOE  
MEDICARE CLAIM NUMBER  
000-00-0000-A  
SEX  
FEMALE  
IS ENTITLED FOR HOSPITAL (PART A) 07-01-1986  
RESPECTIVE DATE HOSPITAL (PART B) 07-01-1986

SIGN HERE



AHCCCS

## Medicare Cost Sharing Qualified Medicare Beneficiary (QMB)

602-417-5010

from area codes 480, 602 and 623

From the rest of Arizona: 1-800-528-0142

Income (monthly)	Individual	100% FPL*
	Couple	\$798 \$1,070
Resources	No Limit	
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant	
Residency	Required	
Social Security Number	Required	
Special Requirements	Covered by or conditionally eligible for Medicare Part A	
Eligibility Agency	AHCCCS	
Benefits	<ul style="list-style-type: none"> <li>• AHCCCS pays Medicare premiums, co-payments and deductibles</li> <li>• Could be eligible for SSI-MAO Full Services.</li> </ul>	

\* Federal Poverty Level



AHCCCS

## Medicare Cost Sharing Specified Low-Income Beneficiary (SLMB)

602-417-5010

from area codes 480, 602 and 623

From the rest of Arizona: 1-800-528-0142

INCOME (monthly)	Individual	100% - 120% FPL*
	Couple	\$798.01 - \$957 \$1,070.01 - \$1,283
Resources	No Limit	
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant	
Arizona Residency	Required	
Social Security Number	Required	
Special Requirements	Covered by Medicare Part A	
Eligibility Agency	AHCCCS	
Benefits	AHCCCS pays the Medicare Part B premium (generally \$78.20 per month).	

\* Federal Poverty Level



AHCCCS

## Medicare Cost Sharing Qualified Individual (QI)

602-417-5010

from area codes 480, 602 and 623

From the rest of Arizona: 1-800-528-0142

Income (monthly)	Individual	120% - 135% FPL*
	Couple	\$957.01 - \$1,077 \$1,283.01 - \$1,444
Resources	No Limit	
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant	
Arizona Residency	Required	
Social Security Number	Required	
Special Requirements	Covered by Medicare Part A	
Eligibility Agency	AHCCCS	
Benefits	AHCCCS pays the Medicare Part B premium (generally \$78.20 per month).	

\* Federal Poverty Level



AHCCCS

## Partial Coverage

- Family Planning Services
- Federal Emergency Services (FES)



AHCCCS

## Family Planning Services

602-417-7000

from area codes 480, 602 and 623

From the rest of Arizona: 1-800-962-6690

Income	No limit
Resources	No limit
Citizenship & Immigrant Status	U.S. Citizen or Qualified Immigrant
Arizona Residency	Required
Social Security Number	Required
Special Requirements	Automatic Eligibility following 6-week S.O.B.R.A. pregnant woman <i>post-partum</i> coverage*
Eligibility Agency	AHCCCS
Limitations	Covers family planning services only

\* Some exceptions



AHCCCS

## Federal Emergency Services (FES)

DES 602-542-9935, AHCCCS 602-417-5010

from area codes 480, 602 and 623

DES 1-800-352-8401, AHCCCS 1-800-528-0142  
from the rest of Arizona

Income	Same as AFC (Sec. 1931), S.O.B.R.A. or Medical Assistance Only
Resources	No limit
Citizenship & Immigrant Status	Not U.S. Citizen or Qualified Immigrant
Arizona Residency	Required
Social Security Number	Required only if individual has one
Special Requirements	Individual or family must meet the requirements of one of the categorically linked Medicaid groups
Eligibility Agency	<ul style="list-style-type: none"> <li>• DES for families with children and pregnant women.</li> <li>• AHCCCS for age 65 or over or blind or disabled</li> </ul>
Limitations	Covers emergency services only

# Income Limits for AHCCCS Eligibility

## April 1, 2005 – March 31, 2006

		MED (After Spend down)	SOBRA Children Age 6 - 19 QMB SSI-MAO AFC AHCCCS Care	SLMB	SOBRA Pregnant Women & Children Ages 1 - 5	QI	SOBRA Children Under Age 1	KidsCare (Low Premium)	KidsCare (Mid Premium)	KidsCare (High Premium)	BCCTP; Freedom to Work
Household Size	Annual FPL*	Monthly Income Limits and Percentage of FPL (calculated by AHCCCS)									
		40%	100%	120%	133%	135%	140%	150%	175%	200%	250%
1	\$9,570	\$319	\$798	\$957	\$1,061	\$1,077	\$1,117	\$1,157	\$1,396	\$1,595	\$1,994
2	\$12,830	\$428	\$1,070	\$1,283	\$1,422	\$1,444	\$1,497	\$1,551	\$1,872	\$2,139	\$2,673
3	\$16,090	\$537	\$1,341	\$1,609	\$1,784	\$1,811	\$1,878	\$1,945	\$2,347	\$2,682	\$3,353
4	\$19,350	\$645	\$1,613	\$1,935	\$2,145	\$2,177	\$2,258	\$2,339	\$2,822	\$3,225	\$4,032
5	\$22,610	\$754	\$1,885	\$2,261	\$2,506	\$2,544	\$2,638	\$2,733	\$3,298	\$3,769	\$4,711
6	\$25,870	\$863	\$2,156	\$2,587	\$2,868	\$2,911	\$3,019	\$3,126	\$3,773	\$4,312	\$5,390
7	\$29,130	\$971	\$2,428	\$2,913	\$3,229	\$3,278	\$3,399	\$3,520	\$4,249	\$4,855	\$6,069

\* Federal Poverty Level

# Health Care Programs Available to Arizonans

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The Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, offers several low or no cost medical coverage programs to Arizonans. To participate in these programs, all individuals must be U.S. citizens or qualified immigrants. Brief descriptions of each program are provided below. At the end of each summary, you will find a telephone number that you can call for more information. Please be aware that the income limits listed in this document change each year. The limits included in this summary are for 2004.

- The **AHCCCS Care** program provides medical coverage, such as doctor's office visits, hospitalization, prescriptions, lab work, and behavioral health services.
- The income limit for this program is \$798 per month for an individual or \$1,070 per month for a couple. Limited income deductions are allowed.
- There is no limit on the resources or property that may be owned.
- An individual may apply at any Department of Economic Security (DES) office.
- **For additional information, call 602-542-9935 from area codes 480, 602 and 623 or 1-800-352-8401 from the rest of Arizona.**
  
- The **Arizona Long Term Care System (ALTCS)** program is for aged (65 and over), blind, or disabled individuals who need ongoing services at a nursing facility level of care. However, program participants do not have to reside in a nursing home. Almost 60 percent of ALTCS participants who are aged or physically disabled live in their own homes or an assisted living facility and receive needed in-home services. Approximately 99 percent of ALTCS participants with developmental disabilities live in their own homes or in group living arrangements. In addition to these long term care services ALTCS participants also have coverage for medical care, including doctor's office visits, hospitalization, prescriptions, lab work, and behavioral health services.
  - The income limit for the ALTCS program is \$1,737, although persons with AHCCCS approved income-only trusts may have income greater than this amount.
  - The resource (cash, bank accounts, stocks, bonds, etc.) limit is \$2,000 for a single individual. Some resources, such as a person's home, vehicle, and irrevocable burial plan generally are not counted toward the resource limit. When the applicant has a spouse who resides in the community, the spouse can retain one-half of the couple's resources, up to a maximum of \$95,100.
  - An individual may apply at any ALTCS office.
  - **For additional information, call 602-417-7000 from area codes 480, 602 and 623 or 1-800-962-6690 from the rest of Arizona.**
  
- The **Breast and Cervical Cancer Treatment Program (BCCTP)** provides full AHCCCS Health Insurance coverage to uninsured women who have been screened by the Department of Health Services (ADHS) Well Woman Healthcheck Program (WWHP) or one of the three Native American programs of the National Breast and Cervical Cancer Early Detection Program and have been diagnosed as needing active treatment for breast and/or cervical cancer or pre-cancerous cervical lesions
  - To be eligible for the WWHP the household income must be at or below 250% of the federal poverty limit or \$1,994 for one person or \$2,673 for a household of two. The woman must also be under age 65 and may not have other health insurance or Medicare.
  - Case managers from the WWHP will help a woman complete an AHCCCS Health Insurance Application form when her breast and/or cervical cancer screening shows a strong indication of cancer. WWHP will send the application form to AHCCCS after a diagnostic procedure confirms that the woman definitely needs treatment of breast cancer, cervical cancer or a pre-cancerous lesion.
  - **For additional information, call 602-417-5010 from area codes 480, 602 and 623 or 1-800-528-0142 from the rest of Arizona.**

## Health Care Programs Available to Arizonans (continued)

- The **Freedom to Work (FTW)** program provides medical coverage to individuals with disabilities ages 16 through 64 who are working and are not eligible for other AHCCCS Health Insurance coverage because their income is too high.
  - FTW covers full AHCCCS Health Insurance coverage, including doctor's office visits, hospitalization, prescriptions, lab work, and behavioral health services, to all eligible individuals.
  - FTW also provides long term care services to eligible individuals who would qualify for ALTCS except for excess income or resources.
  - In addition to meeting the age and employment requirements, the individual's earned income (income from working) must be no more than 250% of the federal poverty limit or \$1,994, after deductions. Only the individual's earned income is counted.
  - **For additional information, call 602-417-6677 from area codes 480, 602 and 623 or 1-800-654-8713-Option 6 from the rest of Arizona.**
  
- The **Medical Assistance Only program (SSI-MAO)** provides medical coverage for individuals who are 65 and over, blind, or disabled, but do not receive Supplemental Security Income (SSI).
  - The income limit, after allowable income deductions, is \$798 for an individual or \$1,070 for a couple.
  - There is no limit on the resources or property that may be owned.
  - Individuals may apply for this program by mail.
  - **For additional information, call 602-417-5010 from area codes 480, 602 and 623 or 1-800-528-0142 from the rest of Arizona.**
  
- The **Medical Expense Deduction (MED)** program provides medical coverage for individuals who do not qualify for other AHCCCS programs, because their income exceeds 100% of the FPL (798 for one), but have medical expenses in the month of application, the previous month and the month following application that may be used to reduce their monthly income to 40% of the FPL.
  - Monthly income cannot exceed \$319 for an individual or \$428 for a couple, after subtraction of medical expenses. Other deductions that can be subtracted from income before comparing a family's income to the income limit include \$90 per month for each person employed and up to \$200 per month for child care to enable a family member to work or seek employment.
  - Resources cannot exceed \$100,000 (only \$5,000 of which may be liquid assets, such as cash, bank accounts, stocks, bonds, etc.). Home equity is counted toward the resource limit, but one vehicle is not counted.
  - An individual may apply at any DES office
  - **For additional information, call 602-542-9935 from area codes 480, 602 and 623 or 1-800-352-8401 from the rest of Arizona.**
  
- The **Medicare Cost Sharing (MCS)** or Medicare Savings programs provide help with Medicare expenses for people who are aged, blind, or disabled. Applicants for all programs must be eligible for Medicare Part A hospital insurance. The income limits, special eligibility requirements, and benefits for each program are listed below. There is no limit on resources, such as cash, bank accounts, stocks, or bonds. Individuals may apply for this program by mail.
  - **Qualified Medicare Beneficiary (QMB)** – The income limit for this program is \$798 per month for an individual or \$1,070 per month for a couple. The QMB benefit is payment of the Medicare Part A and Part B Medicare premiums, deductibles, and coinsurance.
  - **Specified Low-Income Medicare Beneficiary (SLMB)** – The individual must be receiving or entitled to receive Medicare Part B. Monthly income must fall between \$798.01 and \$957.00 for an individual and \$1,070.01 and \$1,283.00 for a couple. The SLMB benefit is payment of the Part B premium.
  - **Qualified Individual (QI-1)** – The individual must be receiving or entitled to receive Medicare Part B. Monthly income must fall between \$957.01 and \$1,077.00 for an individual and \$1,283.01 and \$1,444.00 for a couple. The QI-1 benefit is payment of the Medicare Part B premium.
  - **For additional information, call 602-417-5010 from area codes 480, 602 and 623 or 1-800-528-0142 from the rest of Arizona.**

# Health Care for Arizona Families and Children

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The Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, offers several low or no cost medical coverage programs to Arizona families and children. Participants in these programs must be U.S. citizens or qualified immigrants. Brief descriptions of each program are provided below. At the end of each summary, you will find a telephone number to call for more information. The income limits listed in this document change each year. The limits included in this summary are for 2004. When looking at the income limits, Deductions from income are given for work expenses and childcare, if applicable.

- The **AHCCCS Care** program provides medical coverage, including doctor's office visits, hospitalization, prescriptions, lab work and behavioral health services.
  - The monthly income limit for this program is 100% of the FPL or \$798 for an individual or \$1,070 for a couple
  - Deductions of \$90 per month for each employed person may be allowed before comparing income to the income limit.
  - There is no limit on the resources or property that may be owned.
  - An individual may apply at any Department of Economic Security (DES) office.
  - **For additional information, call 602-542-9935 from area codes 480, 602 and 623 or 1-800-352-8401 from the rest of Arizona.**
  
- **AHCCCS for Families with Children (AFC)** provides medical coverage, including doctor's office visits, hospitalization, prescriptions, lab work, and behavioral health services to families. For a household to qualify, it must include a child under age 18 (or age 18 if the child is a full-time student in a secondary school end expects to graduate by age 19).
  - The monthly income limit for this program is 100% of the Federal poverty level (FPL) or \$1,613 for a family of four.
  - Deductions of \$90 per month for each employed person and up to \$200 per child per month for childcare to enable a family member to work or seek employment may be allowed before comparing the family's income to the income limit.
  - There is no limit on the resources or property that may be owned.
  - An individual may apply at any Department of Economic Security (DES) office.
  - **For additional information, call 602-542-9935 from area codes 480, 602 and 623 or 1-800-352-8401 from the rest of Arizona.**
  
- **Health Insurance for Parents of Children Covered by AHCCCS under the KidsCare or S.O.B.R.A. Categories.** This program covers parents who are not currently insured and have not been insured for three months.
  - The monthly income limit is 200% of FPL, or \$3,225 for a family of four. There are no allowed deductions from gross income.
  - Participants must pay monthly a premium from \$15 to \$25 for each parent, unless Native American.
    - \$15.00 per parent for families with income under 150% FPL
    - \$20.00 per parent for families with income 150% - 175% FPL
    - \$25.00 per parent for families with income 175% - 200%FPL
  - Each parent found eligible must pay an enrollment fee equal to one month's premium, before coverage can begin.
  - There is no limit on the resources or property that may be owned.
  - Parents will be evaluated for this program if their children are eligible for AHCCCS under the KidsCare or S.O.B.R.A. categories
  - **From area codes 480, 602 and 623, call AHCCCS at 602-417-5437 or DES at 602-542-9935.**
  - **From the rest of Arizona call AHCCCS at 1-877-764-5437 or DES at 1-800-352-8401.**

## Health Care for Arizona Families and Children (continued)

- **KidsCare (Arizona's State Children's Health Insurance Program)** provides medical coverage for children who have had no health insurance for the last three months.
  - The monthly income limit for this program is 200% of the FPL or \$3,225 for a family of four. There are no allowed deductions from gross income.
  - Participants must pay a monthly premium of \$10 to \$35, based on their income and number of enrolled children. The premium covers all eligible children in the household. Native Americans pay no premium.
  - There is no limit on the resources or property that may be owned.
  - An individual may apply for this program by mail. No office visit or interview is required.
  - **For additional information or to request an application, call 602-417-5437 from area codes 480, 602 and 623 or 1-877-764-5437 from the rest of Arizona .**
- The **Medical Expense Deduction (MED)** program provides medical coverage for individuals who do not qualify for other AHCCCS programs, because their income exceeds 100% of the FPL (\$1,613 for four), but have medical expenses in the month of application, the previous month and the month following application that may be used to reduce their monthly income to 40% of the FPL.
  - Monthly income cannot exceed \$1,613 for a family of four, after subtraction of medical expenses. Other deductions that can be subtracted from income before comparing a family's income to the income limit includes \$90 per month for each person employed and up to \$200 per month for child care to enable a family member to work or seek employment.
  - Resources cannot exceed \$100,000 (only \$5,000 of which may be liquid assets, such as cash, bank accounts, stocks, etc.). Home equity is counted toward the resource limit, but one vehicle is not counted.
  - An individual may apply at any DES office.
  - **For additional information, call 602-542-9935 from area codes 480, 602 and 623 area or 1-800-352-8401 from the rest of Arizona.**
- **S.O.B.R.A. for Children** provides medical coverage provides medical coverage, including doctor's office visits, hospitalization, prescriptions, lab work, and behavioral health services to children age 18 and younger.
  - The monthly household income limit varies, based on the child's age.
    - For children under one year old, the monthly income limit is 140% of the FPL or \$2,258 for a family of four.
    - For children under six years old, the monthly income limit is 133% of the FPL or \$2,145 for a family of four.
    - For children age six years and older, the monthly income limit is 100% of the FPL or \$1,613 for a family of four.
  - There is no limit on the resources or property that may be owned.
  - An individual may apply at any DES office
- **For additional information, call 602-542-9935 from area codes 480, 602 and 623 or 1-800-352-8401 from the rest of Arizona.**
- **S.O.B.R.A. for Pregnant Women** provides medical coverage provides medical coverage, including doctor's office visits, hospitalization, prescriptions, lab work, labor and delivery, and behavioral health services to pregnant women.
  - The monthly income limit is 133% of the FPL or \$2,145 for a family of four.
  - There is no limit on the resources or property that may be owned.
  - An individual may apply at any DES office
- **For additional information, call 602-542-9935 from area codes 480, 602 and 623 or 1-800-352-8401 from the rest of Arizona.**

# Application Process

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- An applicant may submit an application:

- In person or
- By mail

For some programs a representative may submit the application on behalf of the applicant.

- Some programs require a face-to-face interview with an Eligibility Specialist.

The following programs do not require face to face interview:

- KidsCare
- Medical Assistance Only (SSI-MAO)
- Medicare Cost Sharing Programs
  - Qualified Medicare Beneficiary Program (QMB)
  - Specified Low Income Medicare Beneficiary (SLMB)
  - Qualified Individual (QI-1)

- The Eligibility Specialist obtains verification through collateral contacts (written or by phone) or from the applicant or the applicant's representative. Verification requirements differ by program.

- Verification of disability is required for Medical Assistance Only (SSI-MAO) applicants under age 65.

- ALTCS applicants must need the level of care provided in a nursing facility.

- The Eligibility Specialist determines applicant's eligibility.

- The Eligibility Specialist also determines the Share of Cost the person is to pay toward their Long Term Care services (for ALTCS only) or the premium the family must pay (for KidsCare and Health Insurance for Parents)

- The Eligibility Specialist will mail a Notice informing the applicant of the decisions.

- Applicants select a health plan or Long Term Care Program Contractor and give the choice to the Eligibility Specialist, who transmits to AHCCCS at time of approval.

- Acute care members have choice of health plans
  - Exception: Individuals with a break of less than 90 days since last enrolled will be re-enrolled in their previous health plan if it is available.
  - Exception: Children in Foster Care are enrolled with DES Comprehensive Medical and Dental Program (CMDP)
  - Native Americans may choose IHS instead of AHCCCS Health Plan.

- ALTCS members are enrolled with a program contractor based on the county of fiscal responsibility. ALTCS members in Maricopa County have a choice of program contractors.

- Exception: Individuals with developmental disabilities are enrolled with DES Division of Developmental Disabilities

- Exception: Native Americans on-reservation are enrolled with a Tribe or other contractor

- A member who does not choose a health plan or program contractor will be assigned one.

- An AHCCCS ID Card is issued at the time of approval to a member who has not been eligible since November 1998 who does not have a card already. The health plan name and telephone number are on the AHCCCS ID card

- The AHCCCS member may choose a primary care physician (PCP) or the health plan will assign one.

- The health plan sends the member a member handbook explaining how to obtain health plan services.

# Title XIX Waiver Population Definitions

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Effective October 1, 2001

1. Application Date: the date the application is received by the eligibility agency.
2. Approval Date: the date the eligibility interviewer determines the applicant is eligible and issues an approval notice.
3. Co-payment: an amount paid to a health care provider when a medical service is received
4. Eligibility Effective Date (EED): the beginning date of the person's coverage by AHCCCS.
5. Enrollment Date: the date AHCCCS enrolls the person in a health plan (HP), IHS, a tribal contractor or AHCCCS fee-for-service (FFS).
6. Enrollment Effective Date: the date the HP, IHS, tribal contractor or AHCCCS (if FFS) becomes liable for the person's AHCCCS covered medical services. This is generally the same as the eligibility effective date.
7. Non-Spend Down: the applicant's or family's income does not exceed the income limit for the appropriate family size
8. Premium: an amount that must be paid monthly by some AHCCCS eligible individuals in order to continue to receive services.
9. Prior Period Coverage (PPC): the period of time between the eligibility begin date and the enrollment effective date.  

The health plan/program contractor is responsible for payment of medically necessary AHCCCS covered services during the PPC.
10. Share of Cost (SOC): the amount the ALTCS member must pay out of their income toward the cost of their long term care services
11. Spend Down Met (applies only to the Medical Expense Deduction (MED) Program): the date the applicant has incurred sufficient medical expenses that when subtracted from the income reduces the income limit (approximately 40% of the current Federal Poverty Level).

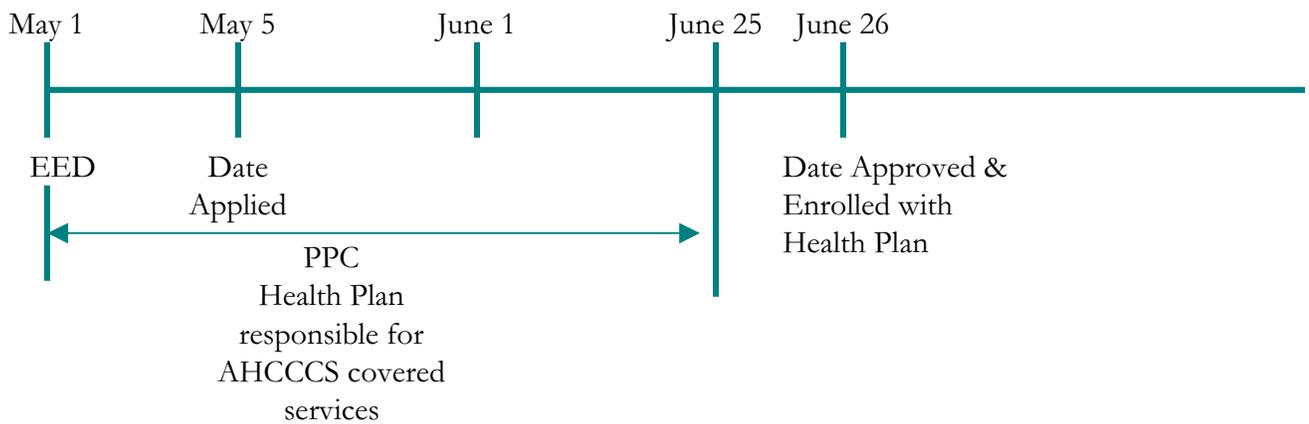
# Medicaid Programs

(Except Medicare Cost Sharing Programs\*)

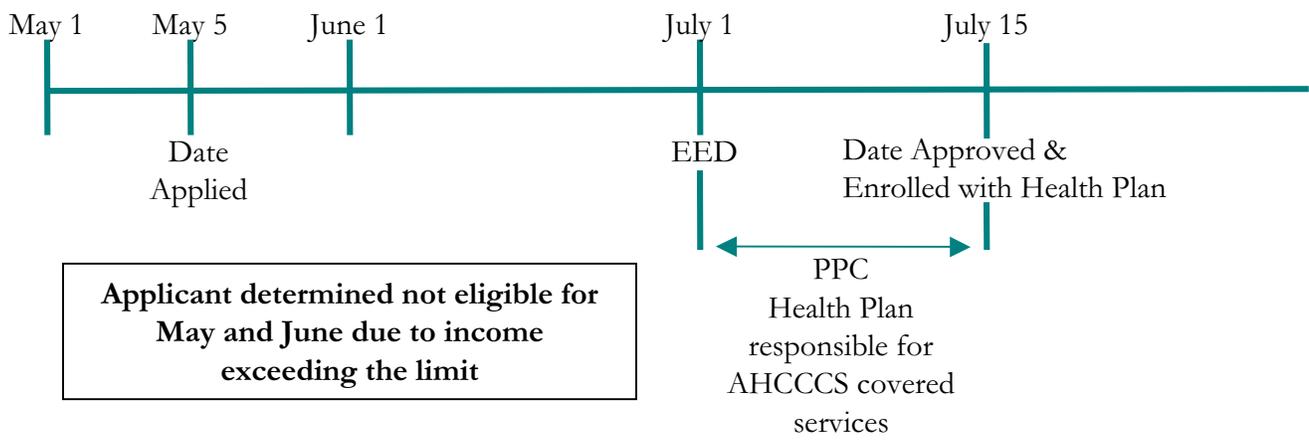
## Eligibility Effective Dates Examples

Abbreviations Key:  
 EED - Eligibility Effective Date  
 HP - Health Plan  
 PPC - Prior Period Coverage  
 PQCP - Prior Quarter Coverage Period

### #1 Prior Period Coverage and Ongoing

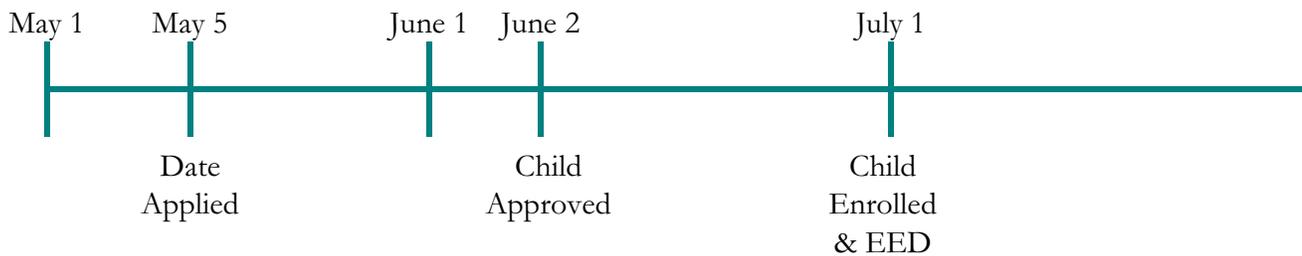


### #2 Prior Period Coverage - Applicant not eligible for month of application

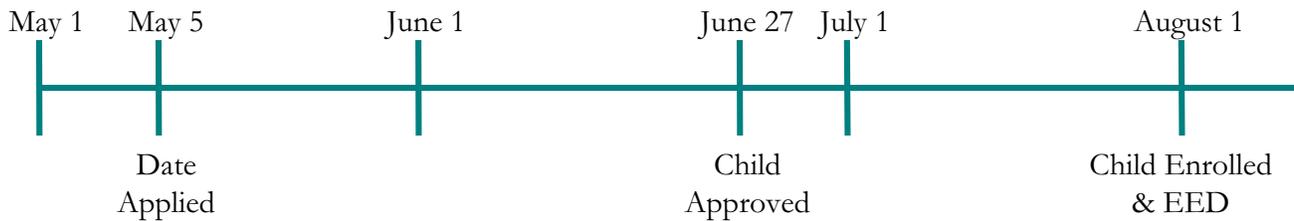


# KidsCare (Title XXI) Eligibility Effective Dates Examples

Abbreviations Key:  
EED - Eligibility Effective Date



- A child approved by the 25th of the month will be enrolled effective the first day of the following month.
- A child approved after the 25th of the month will be enrolled effective the first day of the second following month.



Only Rate Codes In: 6000 series KidsCare

# Title XIX Waiver Population

## Non-hospital Application

### Eligibility Effective Date Examples

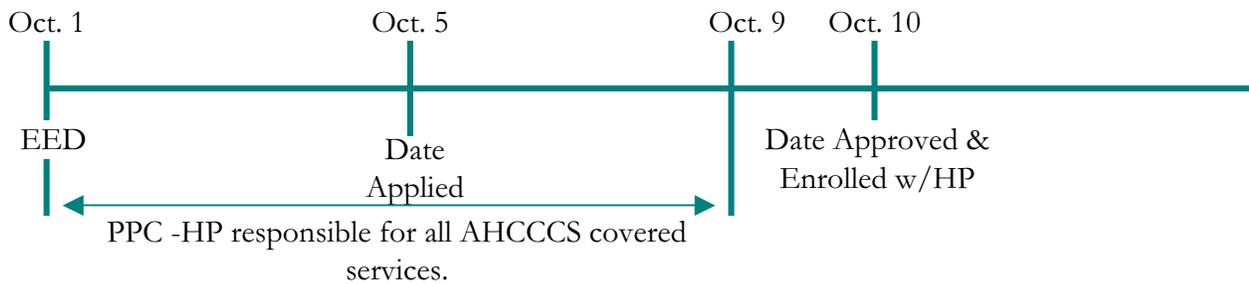
**Abbreviations Key:**

EED - Eligibility Effective Date

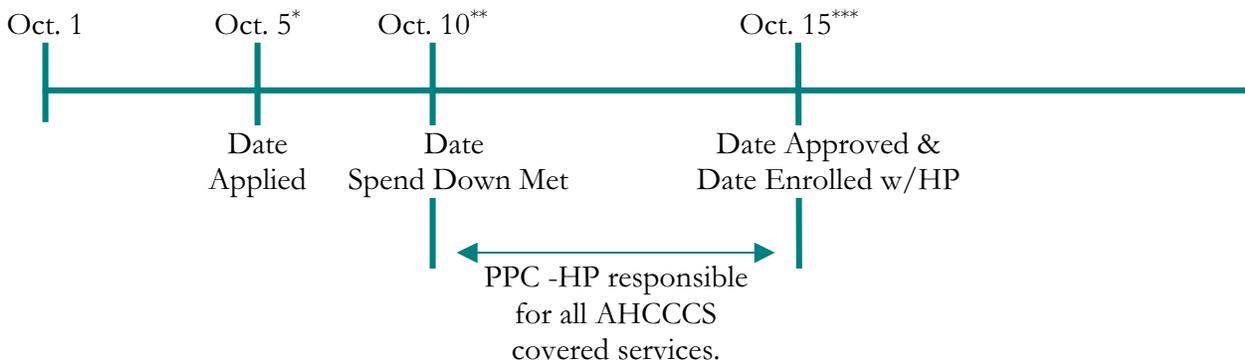
HP - Health Plan

PPC - Prior Period Coverage

#### #1 Non-Spend Down - Income does not exceed 100% of the FPL



#### #2 Spend Down - Income exceeds 100% FPL



\* Applicant applied October 5. Income exceeded 100% of FPL.

\*\* Applicant incurred medical expenses that, when subtracted from income, reduced income to 40% of FPL.

\*\*\*DES verified applicant met spend down. on October 15.

# Title XIX Waiver Population

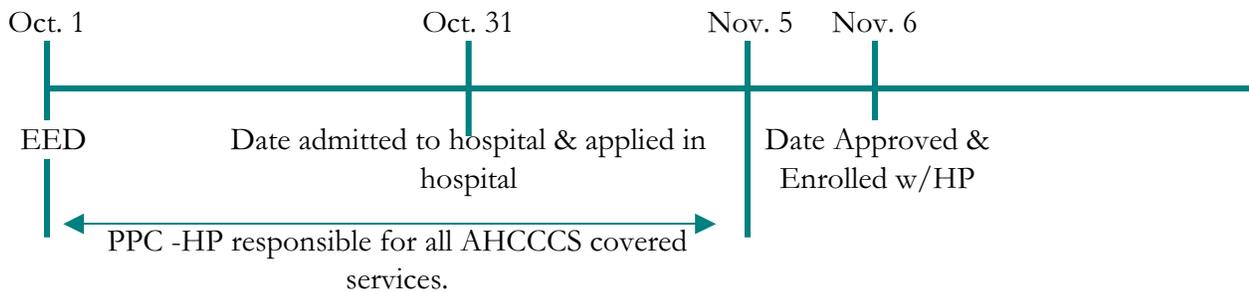
## Hospital Application

### Eligibility Effective Date Examples

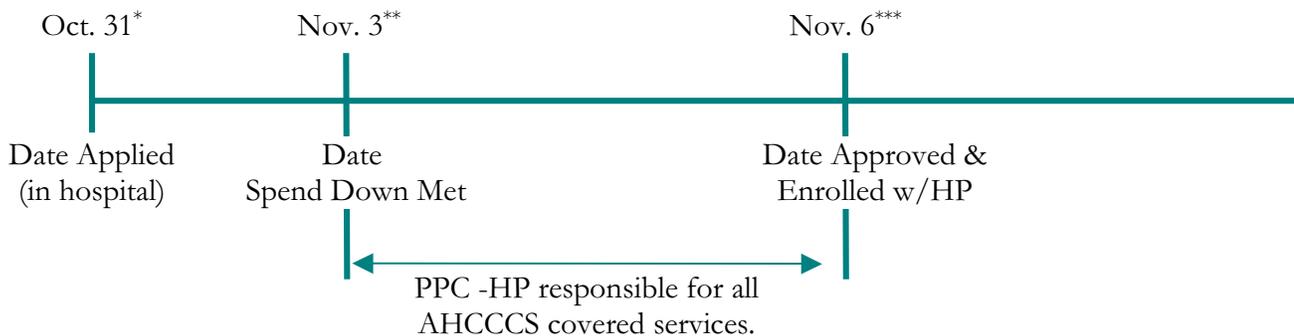
**Abbreviations Key:**

EED - Eligibility Effective Date  
 HP - Health Plan  
 PPC - Prior Period Coverage

#### #1 Non-Spend Down - Income does not exceed 100% of the FPL



#### #2 Spend Down - Income exceeds 100% FPL



- \* Applicant applied in hospital October 31. Income exceeded 100% of FPL.
- \*\* On November 3, applicant had incurred medical expenses that, when subtracted from income reduced income to 40% of FPL.
- \*\*\* DES verified applicant met spend down. on November 6.

